

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>10-14-05</u>		2 Serial/Patent # <u>10/529650</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$50.00</u>
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____	
SIGNATURE: <u>Barbara Campbell</u>		PHONE: _____	
OFFICE: <u>PTO/DO/EO</u>		Refund Ref: <u>10-14-2005</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Barbara Campbell</u>		Credit Card Refund Total: <u>\$50.00</u>	
		DATE: <u>10-14-2005</u>	
		Am Exn. <u>YYYYYYYYYYYYYY</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/529650

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* —
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	<input checked="" type="checkbox"/>	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
BASIC FEE	150	BASIC FEE
EXAM. FEE	100	EXAM. FEE
SEARCH FEE	200	SEARCH FEE
X \$ 125 =	—	X \$ 250 =
X \$ 25 =	—	X \$ 50 =
X \$ 100 =	100	X \$ 200 =
+ \$ 180 =	—	+ \$ 360 =
TOTAL	550	TOTAL

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	20	CLAIMS REMAINING AFTER AMENDMENT	
	Total	* 20	Minus
	Independent	* 4	Minus
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY	<input type="checkbox"/>	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =	—	X \$ 50 =
X \$ 100 =	—	X \$ 200 =
+ \$ 180 =	—	+ \$ 360 =
TOTAL ADDIT. FEE	—	TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	
	Total	* —	Minus
	Independent	* —	Minus
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY	<input type="checkbox"/>	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =	—	X \$ 50 =
X \$ 100 =	—	X \$ 200 =
+ \$ 180 =	—	+ \$ 360 =
TOTAL ADDIT. FEE	—	TOTAL ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.